Cummlaman	tal Indonesidant	Type or print in ink.		CITY CLERI	SUPPLEMENTA	ALINDEPENDE	NT EXPE	NDITURE		
Expenditur Government Code		Amounts may be rounded to whole dollars.	from01/01,	PM 2	Date Stamp	CALIFORM FORM	NA 4	65		
SEE INSTRUCTIONS	ON REVERSE	Amendment (Explain Below AMENDING EXPENDITURE AMOUNTS	03/16	/2013 pplicable: (ear)		Page 1	of			
1. Committe	ee/Filer Information	I.D. NUMBER (If recipient committee) 1344093	Treasurer	(If recipient committee)						
COMMITTEE/FIL	ER'S NAME SSOCIATION OF REALTORS® FUND		NAME OF TREASU KAREN PASCE MAILING ADDRESS	HAL				_		
	STREET ADDRESS (NO P.O. BOX) 430 N. MICHIGAN AVENUE			430 N. MICHIGAN AVENUE						
-	STATE LL, 60611 L/E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE (312) 329-8381	CITY STATE ZIP CODE AREA CODE/PHONE CHICAGO IL, 60611 (312) 329-8239 OPTIONAL: FAX/E-MAIL ADDRESS							
Name of Candi		upported or Opposed	OFFICE SOUGHT OR HE	LD AND DISTRICT, IF AF			CHECK SUPPORT X	OPPOSE		
NAME OF BALLO			BALLOT NO./LETTER	JURISDICTION			SUPPORT	OPPOSE		
3. Independ	W W 245-	Attach additional information on appropri	iately labeled continuation she		AMOUNT	CALEN	IVE TO DA DAR YEAR - DEC. 31)	3		
03/11/2013	national association of REALTY 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	100000	VOTER LISTS AND CONSUL	FING SERVICES	4,560.00	45,	,820.00			
03/11/201	ASSOCIATED CAMPAIGN CONSULTING 3 1750 K STREET, NW, STE. 70 WASHINGTON, DC 20006	S. H. Come J. Hilliam Co. Company	VOTER LISTS AND CONSUL	TING SERVICES	3,360.00 MEMO Subpayment made NATIONAL ASSOCIA REALTORS®	through:	(3)			
03/11/2013	TARGETBLUE, LLC 1155 CONNECTICUT AVE., NW, WASHINGTON, DC 20036		DESIGN		1,200.00 MEMO Subpayment made NATIONAL ASSOCIA REALTORS®			- 10		

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Supplemental Independent **Expenditure Report**

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

Report covers period	Date Stamp	CALIFORNIA 165			
from01/01/2013		FORM 403			
through 03/16/2013		Page2 of4			
Date of election if applicable: (Month, Day, Year)		For Official Use Only			

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must

be filed for each candidate or measure being supported or opposed. This form is filed in addition to 04/02/2013

any other required campaign statements.

V Independ	ent Expenditures Made Attach additional information	n on appropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/11/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	TELEPHONE CALLS	5,500.00	45,820.00
03/11/2013	FAIRMONT CONSULTING 18118 CHESTERFIELD AIRPORT RD. #1 CHESTERFIELD, MO 63005	TELEPHONE CALLS	5,000.00 MEMO Subpayment made ASSOCIATED CAMP- CONSULTING & EL- SERVICES, LLC	AIGN
03/11/2013	ASSOCIATED CAMPAIGN CONSULTING & ELECTION SERVICES, LLC 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	MAILERS	21,500.00	45,820.00
03/11/2013	CSI 205 W. JEFFERSON ST. FALLS CHURCH, VA 22046	PRINTING	15,250.00 MEMO Subpayment made ASSOCIATED CAMP CONSULTING & EL	AIGN
03/11/2013	U.S. POSTMASTER 800 W. BROAD ST., STE. 100 FALLS CHURCH, VA 22046	POSTAGE	6,250.00 MEMO Subpayment made ASSOCIATED CAMP; CONSULTING & EL	AIGN
03/11/2013	NATIONAL ASSOCIATION OF REALTORS® 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	POLLING	13,500.00	45,820.00

SUPPLEMENTAL INDEPENDENT EXPENDITURE

ALIFORNIA

For Official Use Only

FORM

Supplemental Independent Expenditure Report

Type or print in ink.

Amounts may be rounded to whole dollars.

		SUPPLEIVIE	MALIND
Report covers period		Date Stamp	С
rom	01/01/2013		
hrough	03/16/2013		
	election if applicable: onth, Day, Year)		

04/02/2013

SEE INSTRUCTIONS ON REVERSE

For use by an officeholder, candidate, or committee making independent expenditures totaling \$1000 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Independ	ent Expenditures Made Attach additional inf	ormation on appropriately labeled continuation shee	ts.	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
03/11/2013	AMERICAN STRATEGIES, INC. 1750 K STREET, NW, STE. 700 WASHINGTON, DC 20006	POLLING	13,500.00 MEMO Subpayment made NATIONAL ASSOCI REALTORS [©]	
03/11/2013	NATIONAL ASSOCIATION OF REALTORS® 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	STAFF TIME	200.00	45,820.00
03/11/2013	NATIONAL ASSOCIATION OF REALTORS® 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	STAFF TIME	200.00	45,820.00
03/11/2013	NATIONAL ASSOCIATION OF REALTORS® 430 N. MICHIGAN AVENUE CHICAGO, IL 60611	CONSULTING SERVICES	360.00	45,820.00

Supplemental Independent Expenditure Report

Type or print in ink.

Amounts may be rounded

SUPPLEMENTAL	INDEPENDENT EXPENDITURE	F
SUFFECIVENTAL	INDEPENDENT EXPENDITOR	=

Expenditure Report	Amounts may be rou to whole dollars			CALIFORNIA 465		
EE INSTRUCTIONS ON REVERSE			through03/16/2013	Page	<u> </u>	f4_
AME OF FILER NATIONAL ASSOCIATION OF REALTORS® FUND		'		I.D. NUMBE	R (If recip 134409	
Summary Total independent expenditures of \$100 or more	made this period. (Part 3.)			. \$	45,8	20.00
Total independent expenditures under \$100 mad Total independent expenditures made this perior					45,8	20.00
Filing Officers Enter the name and address of each NAME OF FILING OFFICER SECRETARY OF STATE	ach filing officer with whom the file	r's most recent campaig 3) NAME OF FILING OFF		61) have be	een filed	
ADDRESS POLITICAL REFORM DIVISION 1500 11TH ST., ROOM 495		ADDRESS	(NO. AND STREET)			
Angel Color	STATE ZIP CODE	CITY		STATE	ZIP CO	DE
2) NAME OF FILING OFFICER	· · · · · · · · · · · · · · · · · · ·	4) NAME OF FILING OFF	ICER			
ADDRESS (NO. AND STREET)		ADDRESS	(NO. AND STREET)			
CITY	STATE ZIP CODE	CITY		STATE	ZIP CO	DE
I certify that the "independent expenditure(s)" disclosed i as those terms are defined in Government Code Section statement and to the best of my knowledge the information the foregoing is true and correct. Executed on	82031 and FPPC Regulation 18225 on contained herein is true and comp By By SIGNATURE OF CONTROLLING By	.7. I have used all reason plete. I certify under penal signature of files, treason officeholder, candidate, st	nable diligence in preparing and revi	ewing this tate of Calif	fornia tha	000
Executed onDATE		E OF CONTROLLING OFFICEHO	LDER, CANDIDATE, STATE MEASURE PROPON	ENT		